



2012 Self-Assessment Examination Registration

Please complete a separate form for each registrant. Photocopies are acceptable. Send completed form and payment in U.S. funds to ASSH (payable by check, VISA, MasterCard or American Express) **no later than April 1, 2012** to:

Via Mail:
American Society for Surgery of the Hand
Department 1005
P.O. Box 6500
Chicago, IL 60680

Via Telephone: Credit card information must be provided. Call 847.384.8300.

Via Fax: Credit card information must be provided and faxed to 847.384.1435.

Via Internet: www.assh.org

Applicant Information

First Name MI Last Name Degree

Office Telephone Office Fax Home Telephone

Organization

Check here to indicate if this is an address change for: Office Home

Preferred Mailing Address:

City State Zip/Postal Code

Province Country E-mail Address

Exam Format Options & Fees: <i>select one</i>	ASSH Members	Nonmembers
Print Exam (printed answer book included)	\$155	\$195
Web Exam Only (no printed answer book)	\$155	\$195
Web Exam + Printed answer book	\$180	\$220

Method of Payment

___ Check enclosed (US Funds)

 ___ Visa

 ___ MasterCard

 ___ American Express

 ___ Discover

Card Number Credit Card Security Code Expiration Date

Print Name (As It Appears On Card) Signature